AS BELOW NAMED INVENTOR, I HEREBY DECLARE THAT: This Declaration is of the following type:					
Original	Supplemental		nuation-in-Part		
I declare further that my residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:					
METHOD FOR PROVIDING VARIABLE OPTICAL ATTENUATION					
the specification of which (check one)					
 X is attached hereto. — was filed on as Application Serial No. on and was amended on 		—— (if applicable).			
I do not know and do not believe that the invention thereof; I do not know and do not	nvention was ever known or u	sed in the United States of Amer	rica before my or our		
in any country before my or our invention the that he invention was in public use or on a acknowledge my duty to disclose informati invention has not been patented or made the transfer to the United States of Annual Public	ereof or more that one year pri- sale in the United States of Ai on of which I am aware which he subject of an inventor's certi	or to this application; I do not kno merica more than one year prior is material to the examination o ificate issued before the date of t by me or my legal representative	to this application; If f the application; the his application in any s or assignees in any		
country foreign to the United States of Ame six months prior to this application; and as t foreign to the United States of America pri	erica on an application filed by it applications for patents of inv	me or my legal representatives of rentor's certificate on the invention	on filed in any country		
X no such application		such applications have bee			
Prior Foreign Application(s)			Priority Claimed		
None	(Country)	(Day/Month/Year Filed)	(Yes / No)		
(Appln. No.)	(Country)	(Day/Michally real rinea)	(1.00 / 1.0)		

I hereby claim the benefit under Title **35 USC 119(e)**/ **120** of the United States application(s) listed below, and insofar as the subject matter of the claim of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title **35 USC 112**, I acknowledge the duty to disclose material information as defined in Title **37 CFR 1.56(a)** which occurred between the filing date of the prior application and the national filing date of this application:

Application Serial No.	Filing Date	Status (patented, pending, abandoned)
09/846,879	04/30/2001	Pending
60/262,262	01/16/2001	Pending
60/273,433	03/05/2001	Pending

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claim, as amended by any amendment referred to herein. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, Sec. 1.56(a).

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith. (list name and registration number)

Gary L. Eastman, Registration Number, 41,005

Send correspondence to:

EASTMAN & ASSOCIATES 520 West Ash Street, Suite 306 San Diego, California 92101 Telephone: (619) 230-1144 Facsimile: (619) 230-1194

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the united States Code and that such willful false statements may jeopardize the validity of the application or any patent issued therefrom.

	The state of the s	DATE		
FULL NAME OF SOLE OR FIRST INVENTOR	INVENTOR'S SIGNATURE	10012		
TODD BARRETT				
RESIDENCE		CITIZENSHIP		
RESIDENCE		USA		
		<u> </u>		
POST OFFICE ADDRESS				
Same				
FULL NAME OF SECOND JOINT INVENTOR(IF ANY	INVENTOR'S SIGNATURE	DATE		
PEOPERIOR		CITIZENSHIP		
RESIDENCE				
POST OFFICE ADDRESS				

FULL NAME OFTHIRD INVENTOR (IF ANY)	INVENTOR'S SIGNATURE	DATE
		CITIZENSHIP
RESIDENCE		on Ectors.
POST OFFICE ADDRESS		
FULL NAME OF FOURTH JOINT INVENTOR (IF AN	INVENTOR'S SIGNATURE	DATE
FULL NAME OF FOURTH JOINT INVENTOR (IF AN	·'	
RESIDENCE		CITIZENSHIP
POST OFFICE ADDRESS		